

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Lancaster

Riversway House, Morecambe Road, Lancaster,
LA1 2RX

Date of Inspection: 10 September 2014

Date of Publication: October
2014

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Heritage Homecare Services Ltd
Registered Manager	Miss Angela Hughes
Overview of the service	<p>Heritage Homecare Services Ltd is registered to provide personal care and support to people living in the community.</p> <p>The office is based in Riverway which is situated between Lancaster and Morecambe.</p>
Type of service	Domiciliary care service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 September 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information sent to us by commissioners of services and talked with commissioners of services.

What people told us and what we found

This was a responsive inspection because we had received information of concern regarding this agency. This related to an increase in safeguarding incidents and concerns raised by some people who used the service and their relatives.

During our inspection we looked at the systems the agency had in place to keep people safe and well. We looked at care plan records and risks assessments, safeguarding systems in place, management of medication, staff recruitment and induction training, the quality monitoring systems and how complaints were managed by the agency.

This helped to answer our five questions: Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found.

Is the service safe?

Following a recent safeguarding meeting, the agency had devised a policy and guidance for staff to follow when supporting people who may lack the capacity to make decision regarding their care and support. The management team had recently attended training to develop their skills and knowledge in this area. We discussed with the provider the need to embed this learning and practice within the care and support they provide. The provider told us they would review their care plans to ensure mental capacity assessments are incorporated into their support plans.

We looked at several care plan records to show us how the agency supported people to remain safe and well in their home. Information in the care plans identified the care and support people required. The agency worked with a range of external professionals to meet people`s needs. Care plan records and risk assessments were regularly reviewed.

All staff had attended recent safeguarding training. Our discussions with staff confirmed they were aware of their responsibilities to report any concerns if they suspect someone is

at risk of harm or abuse.

Is the service effective?

People's health and care needs were assessed, monitored and reviewed. The agency worked in partnership with other professionals. We received some positive comments from people. One person told us, "My family member is really happy with the agency and feels it is the best thing that has happened to her. If there are any problems they don't hesitate to contact us."

Is the service caring?

Staff we spoke with told us they felt well supported and enjoyed their work. They appeared to be caring and enthusiastic. Our discussions confirmed staff were knowledgeable regarding people's needs and what actions to take if they had any concerns.

We saw documentation to show that staff completed daily records of their visits, and daily food and fluid charts. However the food and fluid charts and daily records we read were fairly basic. The Care Manager told us he would ensure that staff completed more detailed records by documenting what people actually ate and drink, and whether they required additional support to eat and drink. One person we spoke with told us, "I have been with the agency for a few months and they are a lot more on the ball. They help me at mealtimes and we have been bouncing ideas off to help me with seasonal variations with my meal planning. They are very encouraging".

Is the service responsive?

Staff told us they regularly support people with Dementia type conditions. They told us their dementia training assisted them to meet the needs of people. Staff told us that the agency carried out spot checks and visits in people's homes to gain feedback from people and to check that the care plan records were completed properly." One person told us, "Generally the girls are very good. They are diligent, reliable and honest and that's all we want. Sometimes the staff change when people don't turn up or go off sick. However since I rang the office a few weeks ago they do try to ring and let us know."

Staff were now attending annual e-learning refresher training in the management of medicines. We saw records in the staff files that indicated staff had recently undertaken and passed this training. We spoke with several members of staff. Our discussions confirmed they were aware of what actions to take to promote people's health and well-being and what actions to take if they had any concerns.

Is the service well-led?

The agency had a range of systems in place to monitor the quality of the services being provided. They had introduced a new out of hours service to improve the communication with clients and their families. This benefited staff too, by giving them a dedicated resource for advice and guidance.

The agency had safe recruitment processes in place and had recently recruited new staff to the team. There was a recently appointed Care Manager in post who was being supported to develop their role. We saw evidence to show how he had responded positively to concerns and action taken to make improvements with the services they provide.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We looked at this outcome because there had been some concerns regarding how the agency supported some people to make decisions. This is because some people may lack the capacity to understand the risks and issues affecting them. We looked at what systems the agency had put in place to ensure they were acting in the best interests of individuals.

The Mental Capacity Act 2005 provides legal safeguards for people who may be unable to make decisions about their care and support. It is the responsibility of the provider to ensure they have mechanisms in place to ensure they comply with the legislation and act in the best interests of the people they support.

The registered manager told us they had devised a policy and had implemented an assessment process. This would enable them to identify when a person lacked the capacity to make decisions regarding their care and support. The registered manager told us that although they had previously considered they had worked in partnership with key people to support people, they had not undertaken any mental capacity assessments and did not have any formal processes in place. She told us they had now involved the support from local advocacy services to support people who may lack the capacity make decisions about their care.

Although they had not undertaken any formal mental capacity assessments, they told us of a current situation they felt the legislation applied to. They told us they would be implementing their policy to ensure they complied with the Mental Capacity Act. In our discussions we suggested they may wish to devise their record systems to record "Best Interest" meetings that take place. Completing this documentation will record how the agency is working to support people with their decision making and consent to their care and support.

The management team had recently received training regarding the Mental Capacity Act.

This showed us staff were being supported to develop their skills and knowledge in this area.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at six care plan records, spoke with people who used the agency, some relatives and spoke with staff. We did this to gain an insight into how the agency planned and delivered support for people to remain safe and well in their own homes.

Information in the care plan records contained a pre assessment from people`s social worker. This information gave the agency an overview regarding the type of care individual people required. Following the initial contact with the agency, the Care Manager then undertook home visits. He told us he arranged if possible to meet with the individual person and their relatives to discuss people`s needs and how they wanted to be supported. From this meeting, he devised a care plan of support. This was known as a Personal Care Support Plan. These support plans contained emergency contacts, a short personal profile, a medical history, mental health, personal care needs. There was a rota indicating what times and type of support the staff were providing.

This gave guidance to staff regarding specific support required at the times they visited. In the sample of records we looked at we saw evidence to show the agency was liaising with a range of local healthcare professionals to meet the needs of people.

There were risk assessments in place dependent upon the individual needs of people. Some of these included the environment, moving and handling and the use of moving and handling equipment. Care plan records and risk assessments were monitored and reviewed on a regular basis. We saw people were supported to sign their care plans to indicate they had been involved in their reviews.

The agency undertook spot checks in people`s homes to ensure people`s needs were being met, monitored and reviewed. Staff received their weekly rotas every Friday at the office base. This meant there was management support available to discuss any changes or provide support to staff regarding the needs of people they were supporting.

We spoke with several people who used the agency to seek their views and feedback. Some people were unable to tell us how they felt about the agency due to their Dementia

type conditions, so we arranged to speak with some relatives. One relative told us, "My family member is really happy with the agency and feels it is the best thing that has happened to her. If there are any problems they are very responsive." A second relative told us, "Generally the girls are very good. They are diligent, reliable and honest and that's all we want. Sometimes the staff change when people don't turn up or go off sick. However since I rang the office a few weeks ago they do try to ring and let us know." A third person we spoke with told us, "I have been with the agency for a few months and they are a lot more on the ball. They are respectful and mindful and very professional. If I am having a bad day they are mindful and ask me if I want to see my GP or if I should ease off. They are very encouraging and we can bounce ideas to help me."

We spoke with several members of the staff team. Our discussions with staff confirmed they were knowledgeable regarding meeting the needs of the people they supported. Staff told us they could contact the office for support should they have any concerns regarding the people they supported.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We looked at this outcome because we had received concerns regarding the lack of support provided by the agency for some people with Dementia type conditions and underlying health needs to eat a healthy diet.

We discussed these recent concerns with the Registered Manager and Care Manager. We were told that since these concerns had been raised they had taken action to make improvements. The Care Manager told us he had recently asked staff to record the type of meal and drink choice being offered to people, such as a chicken sandwich and a cup of tea, as part of the support plan. This was to monitor more closely that people were being supported to have choices and a variety in their diet with their meals. He also told us how they had developed contingency plans in case any concerns were observed and reported by staff or relatives. He told us they had generally made their systems more robust. He told us in one situation he was undertaking weekly visits to monitor and review their support more closely. This showed us that the agency were taking steps to protect people from the risks posed to them.

We saw documentation to show that staff completed daily records of their visits, and daily food and fluid charts. They indicated what support staff had provided during their visits. However the food and fluid charts and daily records we read were fairly basic. For example in one person's diet and fluid chart at lunchtime staff recorded 'MOW', which meant meals on wheels. This record did not inform staff what the meal was, the amount of food eaten, or the amount of fluids taken and any wastage. Neither did the reports record whether any encouragement had been required. This information would assist staff to monitor and report any changes with people's conditions. We discussed this with the Care Manager. He told us he had discussed the importance of record keeping in a recent staff meeting. He had also followed up by including this aspect of care with staff when undertaking spot checks in people's homes. We discussed that maintaining accurate records of people's support at mealtimes would assist staff to monitor for any changes in people's condition. This would help the agency to protect people from the risks of malnutrition and dehydration. The Care Manager told us he would amend their record keeping procedures to implement the required changes, so that staff were instructed to record the foods/fluids eaten or left.

The Care Manager told us that should they have any concerns regarding people's dietary

intake, they would not hesitate to contact the person's GP for access to a dietician for advice and support.

Some staff we spoke with told us they had undertaken Dementia Awareness training and this had included how to support people with to take adequate food and nutrition. Staff told us they do regularly supported people with Dementia type conditions. One person told us staff worked as a team and how important it was for the care plan and record keeping regarding people`s mealtimes is to be completed on every visit. One person told us, "I think the care plans are so important and must be done properly. The office do spot checks to ensure they are completed properly." Staff explained to us how they supported people to make choices with their meals. One staff member told us they would go out and buy something specific if the client wished for it, and would provide encouragement with people at mealtimes. Staff told us if they had any concerns they would contact the office or use their on call system for advice and support.

We looked at the staff training matrix and saw that some staff had attended Dementia Awareness training. However we noted there had been a recent recruitment of new staff and none of them had as yet undertaken this training. The provider may like to note that they should ensure all staff have undertaken this training as soon as possible. This would support staff to have the skills to support people`s assessed needs in relation to Dementia type conditions.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were being protected from the risks of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We looked to see what systems the agency had in place to protect people from the risks of abuse or harm.

The agency had a safeguarding policy in place which had been recently reviewed in August 2014. We were told that there was a copy held with every client's support plan in their home. This meant there was guidance in place for staff to follow if they had any concerns. We reviewed the staff training matrix. With the exception of a few newly recruited staff, the matrix indicated that staff had been supported to undertake recent safeguarding training. Our discussions with staff confirmed they were clear what their responsibilities were and what actions to take if they suspected someone was at risk.

The agency worked closely with local services to promote the safeguarding of people they supported. The Care Manager had recently been appointed to this role, and was developing their links with outside agencies

The agency had a whistleblowing policy in place. This meant that staff were protected should they report any poor practice in the work place, that they witnessed. Some staff we spoke with told us they were aware they could report any concerns they had, however some were unclear. We discussed with the registered manager they may wish to consider ensuring this information is clearly on display and communicated to their staff team. This would support the range of measures they have in place to protect people from the risks of abuse.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked to see what systems and support the agency provided to ensure people were supported to take their medication as prescribed by their GP. This was because we had recently received concerns regarding the support provided by the agency.

At the last inspection we discussed with the provider that staff should receive updated refresher training on a regular basis. This was because at the time staff only received training in their induction, and some staff had worked for the agency for several years. The registered manager told us that staff were now attending annual e- learning refresher training. We saw records in the staff files that indicated staff had recently undertaken and passed this training. This showed us staff who were handling medicines were deemed as competent to support people with their medicines at home.

The agency had recently reviewed their medication policy in August 2014. This meant that checks were in place to ensure the agency was working in line with current legislation and contractual agreements. The policy gave guidance for staff to follow. Staff support was available through the senior management team on duty or by use of the on call system. This meant there were systems in place for staff in the event of any concerns or queries arising.

As part of the support plan system, the agency had guidance in place for staff to follow to support people to take their medication safely. There was a daily record for staff to complete when they had provided support with people to take their medicines. However we noted that risk assessments were not in place to assess and identify potential risks posed to people regarding the management of medication within the home. We discussed with the registered manager that it was their responsibility to ensure risk assessments were in place so that the agency could take action to reduce the risks posed to people. The Registered Manager told us she would ensure risk assessments were incorporated into their care planning support. This would help to identify and reduce any potential risks posed to people within their home.

We spoke with several members of staff. Our discussions confirmed they were aware of

what actions to take to promote people`s health and well- being and what actions to take if they had any concerns.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by suitably qualified skilled, experienced staff. Staff who were no longer fit to work in health or social care were referred to the appropriate bodies.

Reasons for our judgement

Since the last inspection we received concerns relating to the safe recruitment of staff. We discussed these concerns with the Registered Manager and Care Manager and looked at a sample of staff records to see how the recruitment process had been implemented since our last inspection.

The agency had developed an employee checklist form to detail when pre employment checks had been completed. Hard copy references were on file, and the date recorded when the Disclosure and Barring Service checks (DBS) clearance had been submitted and received. Copies of people`s application forms and interview notes were held on file. We saw records to confirm that pre employment checks had been completed.

Successful candidates at interview were given a conditional offer of employment whilst reference checks and DBS were completed. During this period staff attended induction training. When employment checks and induction training had been completed staff were supported to work with an experienced member of staff known as shadowing. Upon completion of the shadowing, which was usually three days, new staff met with their Area Manager. This was to establish their suitability and competence to undertake the role of a carer. We saw evidence to show that the Area Manager`s checks had taken place before new staff could undertake to work independently.

Staff we spoke with confirmed this process had taken place. Staff were very positive regarding working for the agency. One person told us they could ask for additional support if they felt they required it. A second staff member told us they found everyone friendly including the management. A third person told us when they were very new to their role they needed to access support using the on call. They told us during that emergency they felt well supported and this had enabled them to provide the appropriate care for the client.

In staff files we saw certificates were in place indicating mandatory training had been completed. The registered manager told us they had recently revised their moving and handling training, to ensure staff were supported to develop the skills to use equipment competently and support people safely. We were told in addition to the mandatory moving

and handling training they provided training to those staff who supported people with their specific moving and handling needs. This meant that people should experience more individualised support.

When we spoke with staff, some told us they had requested moving and handling training. They told us the moving and handling trainer had delivered this training in the person`s home, and they now felt more confident when using specialised equipment. This will help to protect both clients and staff from unsafe practices.

Following feedback from a recent safeguarding meeting, the Registered Manager told us they now had a system in place for occasions when staff, who were no longer fit to work in health or social care, are referred to the appropriate bodies.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The home had an effective system in place to identify, assess and manage risks to health, safety and welfare of people using the service and others.

Reasons for our judgement

We looked at the systems the agency had in place to monitor and assess the quality of their service. We did this to see if the people using the agency benefitted from safe quality care and support.

Since the last inspection the Registered Manager told us they had invested in developing areas of the business such as increasing the staff team, a review of their training, new IT equipment and relocation to an improved office environment. She told us she felt this should contribute to improving the quality of the services they provided and assist staff to feel valued and supported in their roles. The agency had developed a new out of hours service (OOH) which would be operational between 6am and 11pm seven days a week. A new staff team was currently being recruited and trained to offer this support to both staff and clients. The aim was to provide an improved customer focus and support staff with queries and concerns they may have.

There was a stable management team in place, and this helped to provide consistency and oversight across the agency. There was a recently appointed Care Manager in post who was being supported to develop their role. We saw evidence to show how he had responded positively to concerns and action taken to make improvements with the services they provided. The Care Manager was completing notifications and submitting them to the Commission. Some guidance was given in respect of this. We saw audits of care plans and staff records were undertaken by the senior management team. There were records of staff supervision sessions and spot checks undertaken in people`s homes.

The registered manager had completed an annual report in April 2014 following surveys completed by both people who use the agency and staff. We could see that the results had been analysed and action was being taken as a result of feedback. Some of this was regarding the development of the out of hours' service. The recruitment of additional staff in key positions such as an additional care co-ordinator had been invested in to assist the agency to be more effective and responsive to people`s needs.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

The agency had a complaints system. Comments and complaints from people were fully investigated and where possible to their satisfaction.

Reasons for our judgement

We looked at how the agency supported people to raise concerns, comments, and compliments. This was because we were aware that recently some people had reported concerns and we wanted to see how these had been managed and responded to.

The agency had a formal complaints process, and a copy of this was given to every person who used the agency. The registered manager showed us records of the complaints they had received and managed. Within the records we saw documentation to show that action had been taken to respond to some concerns raised. In one record we saw that swift action had been taken. The feedback given to the agency regarding their response was very positive. This meant for those involved, they could be assured that the agency listened to and acted upon their concerns.

We did note however that some concerns had not been formally documented in their complaints recording system. For example we were told that records of concerns had been stored in individual care records. In another instance we were told that because the concerns were not raised to a formal complaint, they had not maintained any records to show how they had responded. In a third incident, because the client no longer used the agency, there were no records documented. This meant there was no clear audit trail regarding the number of concerns being raised by people, and what action had been taken. As a result there was a lack of oversight with the management of concerns, comments and complaints raised by people. The registered manager told us they did not record concerns alongside formal complaints being made to the agency. However some of the concerns and complaints had resulted in safeguarding referrals to the Local Authority for their investigation. Although these had now been successfully managed, the provider may wish to note that their current system of managing complaints could be reviewed in order to make improvements. This would assist the management team to have a clear oversight regarding any concerning information they receive from people regarding their care and support.

We spoke with people who used the agency and relatives. People told us they felt they would contact the agency should they have any concerns.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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